U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

JIMMIE KEWIS	CA .NO. O5	013 GMS
STANKEY TAYLOR	TYPE OF PROCESS	
SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR I	DESCRIPTION OF PROPERTY TO SE	IZE OR CONDEMN
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)		
AT BUREAU OF PRISONS, 245 MEKER	ERD, DOVER, DE	19904
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:	Number of process to be	e/
DEL. CORR. CENTER	served with this Form - 285	
DEC. CARR. CENTER	Number of parties to be	2
1181 PADDOCK RD	served in this case	
SMYRNAIDE 19977	Check for service on U.S.A.	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING S	SEDVICE (Include Rusiness and Alter	nate Addresses, All
Telephone Numbers, and Estimated Times Available For Service):	SERVICE (Include Business and Alter	
STANLEY TAYLOR IS THE COMM	ISSONER OF	Fold
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THE DELAWARE DEPARTMENT OF	= CORRECTIONS	inhalas
(COMPLAINTS ARE D	ATTOD: 7/18/06,	3/04/03
(FORMA PAUPERIS)	1/6/05	10/3/05
Signature of Attorney or other Originator requesting service on behalf of:	TELEPHONE NUMBER	DATE /
DEFENDANT	N/A	7/17/06
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO	NOT WRITE BELOW	THIS LINE
I acknowledge receipt for the total Total Process District District Signature of Authoriz	zed USMS Deputy or Clerk	Date
number of process indicated. (Sign only first USM 285 if more) of Origin to Serve	C	11-4-0
than one USM 285 is submitted) No No		
I hereby certify and return that I have personally served, \square have legal evidence of service, \square have execute on the individual, company, corporation, etc., at the address shown above or on the individual, company,	cuted as shown in "Remarks", the proceed corporation, etc., shown at the address	css described inserted below.
☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc.	, named above (See remarks below)	
Name and title of individual served (if not shown above)	A person of suita	ble age and dis-
Mr Teresa Graham Receptionist	usual place of ab	ng in the defendant's ode.
Address (complete only if different than shown above)	Date of Service Tim	
	10/4/0	BOO (2)
	10/1/06	
	Signature of U.S. Mar	
Service Fee Total Mileage Charges Forwarding Fee Total Charges Advance Deposits A	amount owed to U.S. Marshal or A	nount of Retund
(including endeavors)		
REMARKS:		<u>დ</u> ≸ე
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